



APPLICATION FOR REALTOR® MEMBERSHIP

To the Lee County Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board. My dues will be returned to me in the event of non-election. I will attend orientation within 180 days of Association’s confirmation of provisional membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association’s bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association’s bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

First Name _____ Middle Name _____

Last Name _____

Nickname _____

Email Address: _____

Real Estate License #: _____

Licensed/certified appraiser: Yes Appraisal License #: _____

Office Name: _____

Office Address _____

City _____ State _____ Zip _____

Office Phone: _____ Fax: _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone: _____ Personal Fax: _____

Cell Phone: _____ Website _____

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held:

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held:

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No

(If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #:

_____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

Your position: Principal Partner Corporate Officer Majority Shareholder

Branch Office Manager Non-principal Licensee

Have you ever been refused membership in any other Association of REALTORS®?

Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? Yes No

If so, where:

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? If yes, provide details:

Have you or your firm been convicted of a felony or other crime. If yes, provide details:

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Lee County Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____ Signature: _____

MLS Participation and Subscriber Agreement

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and regulations and other obligations of participation, including payment of fees. I understand that the MLS Key System is intended only for use of the individual licensee subscribing to the service under the LCAR Key Holder Agreement. Payment of Key System Fees is confirmation that Key Holders accepts the terms of the Key Holder Agreement. I understand that a violation of the Code of Ethics may result in suspension or termination of MLS rights and privileges and that I may be assessed an administrative processing fee not to exceed \$500 which may be in addition to any discipline, including fines, that may be imposed.

Dated: _____ Signature: _____

Optional

Date of Birth: _____

How long with current real estate firm? _____

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____

Field of Business (Specialties): _____

Languages Spoken: _____

Information to be supplied by Local Association:

Join Date _____

Status: Active, Provisional

Primary Local Association NRDS ID _____

Primary State Association NRDS ID _____

Office ID _____

Office Contact DR _____

Office Manager _____

**MATRIX MLS Internet Access
Authorization Form**

*****Return to Association Office*****

*Association Name: Lee County Association of REALTORS®, Inc.	Phone: 334-321-0606
*Your Office Name _____	Phone: _____
* Your Name _____	Office Fax: _____
* Preferred Phone Number Published in Matrix: _____	

*Password _____ (Can use any amount of numbers and/or letters)

*User email address _____

*User Web Site Address _____

Access Level (please check appropriate box)

Broker Agent Appraiser Office Staff Board Staff Other
 Personal Assistant, Assistant to _____

I acknowledge that the User Name and Password that I have accepted are unique and highly confidential. I agree that I will keep the User Name and Password confidential and that I will not share them with, or otherwise disclose them to, any other person (including another Broker or agent with my firm), nor will I allow another person to access the MLS using my User Name and Password.

I acknowledge that the MLS is used specifically for cooperation among authorized Participants. The LCAR MLS Rules & Regulations and/or Key Holder agreement govern my Matrix Internet access.

I acknowledge that, upon breach of this nondisclosure obligation, the Association MLS will have the right to terminate my MLS access/privileges.

*User Signature

Date